

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Michael Sullivan
US Attorney
1 Courthouse Way
Suite 9200
Boston, MA 02210

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Michael Sullivan*

B. Received by (Printed Name)

C. Date of Delivery

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

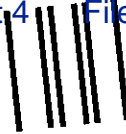
4. Restricted Delivery? (Extra Fee)

☐ Yes

7003 3110 0006 0588 5760

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

SC-15

• Sender: Please print your name, address, and ZIP+4 in this box •

United States District Court
Office of the Clerk
United States Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

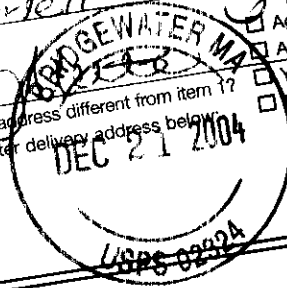
05-10041-DPW Bancicavlt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. McKell B. Date of Delivery 12/21/04
 C. Signature x B. McKell ☒ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 "YES, enter delivery address below"



Robert F. Murphy, Jr., Superintendent
 Massachusetts Treatment Center
 30 Administration Road
 Bridgewater, MA 02324

Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy)

7003 3110 0006 0588 6569

Domestic Return Receipt

102595-00-M-0952

UNITED STATES POSTAL SERVICE

First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

SCANNED
DATE: _____

BY United States District Court
Office of the Clerk
United States Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

04-12641-000

73



UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

05-10041-DPW BACCAWIT

• Sender: Please print your name, address, and ZIP+4 in this box •

United States District Court
Office of the Clerk
United States Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

05-10041-DPW BACCAWIT

PS Form 3811, February 2004
(Transfer from Service Label)
Domestic Return Receipt

Article Number
7003 3110 0006 0588 5753

1. Article Addressed to:
Frank Crowley
Dep. Homeland Sec.
PC Box 8728 Jfk Sta
Boston, MA 02114

2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Attach this card to the back of the mailpiece, so that we can return the card to you.
■ Print your name and address on the reverse

3. Service Type
☐ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)
☐ Yes
☐ No

A. Signature
[Signature]

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
1/14/05

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

05-10041-DPW